U.S. APPL. NO.	_ INTERNATIONAL APPL 6B2003/002/48
APPLICATION FIT ED DY	_ INTERNATIONAL APPL 6B2003/003/45
APPLICATION FILED BY: 20 MOS.,	OR 30 MOS., SCREENED DY
	Total Di
Almon	
IN LERNATIONAL APPLICATION I	PAPERS IN THE APPLICATION FILE:
V International and	THE APPLICATION FILE:
International application tricle 19 amendments	100 200
Priority Document(s) No.	409 annexes to IPER
Request Form PCT/RO/101	PCIASA/210 (Search report)
PCT/IB/302	Search report References Other Papers filed
PCT/IB/304	apris med
PCT/IB/306	PUBLICATION
PCT/IB/308	
PCT/IB/331	
OTHER PCT/IB/	
PCI/IPBA/409 also 416	
120	U.S. onlyRequested
•	
Description Claims / / /Drawings / Poreign Language in drawing Article 19 Amendments Amendment used in application Article 34 Ameridment	second submissionAssignmentForward to Assignment BranchSubstitute SpecificationSmall Entity Statementtype
DNA	Oath/Declaration (date submitted Not executed Executed Power of Attorney Change of Address
1194 transaction done Cle fileDetur	Executed — Power of Attorney — Change of Address my the international phase
JSC Receipt of Request (PTO)	Executed Power of Attorney Change of Address My the International phase
1194 transaction done Conful full for full for the form of Request (PTO)	Executed Power of Attorney Change of Address My the International phase
JSC Receipt of Request (PTO – e Acceptable oath/declaration rec	Executed Power of Attorney Change of Address My the International phase
USC Receipt of Request (PTO - e Acceptable oath/declaration rec (e) Date	Executed Power of Attorney Change of Address My the International phase 1399 Transmittal Letter) So Jamos eived
USC Receipt of Request (PTO - e Acceptable oath/declaration rec (6) Date	Executed Power of Attorney Change of Address My the International phase 1399 Transmittal Letter) So Jamos eived
USC Receipt of Request (PTO – e Acceptable oath/declaration receipt of Date c complete 35 USC 371 requirem DATE N	Executed Power of Attorney Change of Address My the International phase 1399 Transmittal Letter) So James eived Lents met
USC Receipt of Request (PTO— e Acceptable oath/declaration rec (e) Date e complete 35 USC 371 requirem DATE N (BO 903 Notice of Acceptance	Executed Power of Attorney Change of Address My the International phase 1399 Transmittal Letter) So James eived Lents met
USC Receipt of Request (PTO— e Acceptable oath/declaration rec (e) Date e complete 35 USC 371 requirem DATE N BO 903 Notice of Acceptance	Executed Power of Attorney Change of Address My the International phase 1399 Transmittal Letter) In James eived Control Completed
USC Receipt of Request (PTO— e Acceptable oath/declaration receipt Date e complete 35 USC 371 requirem DATE N BO 903 Notice of Acceptance EO 905 Notice of Missing Receiptable	Executed Power of Attorney Change of Address My the International phase 1399 Transmittal Letter) AD James eived Cents met COTICE COMPLETED Deliver of Attorney Letter of Attorney
USC Receipt of Request (PTO— e Acceptable oath/declaration rec (e) Date e complete 35 USC 371 requirem DATE N BO 903 Notice of Acceptance	Executed Power of Attorney Change of Address My the International phase 1399 Transmittal Letter) At Janos eived Lents met OTICE COMPLETED Outrements Outrements



UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: 2 Serial/Patent # 271 12						1 1 2 2.	
3 Please refund the following fee(s):		4 PAI	PER MBER	5	DATE FILED	6 AMOUNT	
Filing						\$	
Amendment						\$	
Extension of Time				ı		\$	
Notice of Appeal/Appeal						\$	
Petition			·			\$	
Issue						\$	
Cert of Correction/Terminal Disc.						\$	
Maintenance			•			\$	
Assignment						\$	
Other						\$	
		7 TOTAL AMOUNT OF REFUND \$			\$		
		8 TO BE REFUNDED BY:					
10 REASON:		Treasury Check					
Overpayment		Credit Deposit A/C #:					
Duplicate Payment			9				
No Fee Due (Explanation):							
						·	
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME:				ITLE	:	0030003050	
SIGNATURE:	· ··· <u>-</u>		P	91/2095 HONE	<u></u>	0030023960	
OFFICE: Credit Card Refund Total: \$50.00							
THIS SPACE RESERVED FOR FINANCE USE ONLY: Am Exp: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
APPROVED: DATE:							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B